

## SECTION V – IEP TEAM REEVALUATION DECISION

(Complete at the IEP team meeting)

### IEP REVIEW SUMMARY

Based on the review of existing evaluation data, including information provided by the parent(s) and current classroom based assessments and observations (information reported in Sections I, II, III, and IV), the IEP team will respond to the following questions. A response of Yes indicates the team has adequate information and does not require additional individual standardized testing to determine the student's continued eligibility. A response of No indicates the need for additional assessment for program planning or a comprehensive evaluation to determine the student's continued eligibility.

- ☐ Yes ☐ No 1. Is there team agreement this student continues to demonstrate the characteristics of a student with an educational disability?
- ☐ Yes ☐ No 2. Is there team agreement this student continues to need special education and/or related services?
- ☐ Yes ☐ No 3. Is there sufficient information documented about this student's educational strength, weaknesses, and current levels of functioning to plan future programming?
- ☐ Yes ☐ No 4. Is there team agreement the previously determined disability is accurate and current?
- ☐ Yes ☐ No 5. Is there team agreement the present or proposed educational program and related services are appropriate to meet the student's stated annual goals?
- ☐ Yes ☐ No 6. Is there team agreement that the student's present level of performance is consistent with results from previous evaluation(s)?
- ☐ Yes ☐ No 7. Is there team agreement the student's current IEP goals are appropriate, comprehensive, and consistent with assessment findings?

### IEP TEAM DECISION

Check only one of the following options:

- 1 ☐ (a) The IEP Team reviewed all available information gathered and determined no additional data and/or assessment is needed. The student continues to be eligible for Special Education services with currently identified disabilities.  
Primary Disability: \_\_\_\_\_ / Secondary Disability: \_\_\_\_\_  
*Complete the Eligibility Report and attach to the Reevaluation Summary Report. The student is eligible for continuing services in special education.*
- ☐ (b) The IEP Team reviewed all available information gathered and determined no additional data and/or assessment is needed. The student continues to be eligible for Special Education services in his/her primary disability; however, the IEP team has determined that the student no longer requires services and is no longer identified with his/her Secondary Disability.  
Primary Disability: \_\_\_\_\_ / Exited Secondary Disability: \_\_\_\_\_  
*Complete the Eligibility Report and attach to the Reevaluation Summary Report. The student is eligible for continuing services in special education.*
- 2) ☐ The IEP Team reviewed all available information gathered and determined no additional data and/or assessment is needed. The student is no longer eligible for Special Education services.  
*Complete the Eligibility Report at this meeting and attach to the Reevaluation Summary Report. The student is no longer eligible for services in special education.*
- 3) ☐ The IEP Team reviewed all available information gathered and determined additional data and/or assessment is needed for program planning purposes only.  
Primary Disability: \_\_\_\_\_ / Secondary Disability: \_\_\_\_\_  
*Complete the Eligibility Report at this meeting and attach to the Reevaluation Summary Report. The student is eligible for continuing services in special education. Note: After additional data or assessment is completed, the school will notify the parent and schedule a meeting to discuss the results of this assessment and make revisions to the IEP, as needed.*
- 4) ☐ The IEP Team reviewed all available information and determined an additional evaluation is needed to determine if this student continues eligibility for Special Education services.  
*Complete the Assessment Plan below and required procedures for conducting a Comprehensive Evaluation.*

### ASSESSMENT PLAN

Area of Assessment	Position	Person Responsible-Signature
<input type="checkbox"/> Vision/Hearing Assessments		
<input type="checkbox"/> Sensory/Medical		
<input type="checkbox"/> Academic Achievement		
<input type="checkbox"/> Intellectual Functioning		
<input type="checkbox"/> Speech/Language Skills		
<input type="checkbox"/> Self-Help/Adaptive Behavior		
<input type="checkbox"/> Vocational Assessment		
<input type="checkbox"/> Social-Emotional Assessment		
<input type="checkbox"/> Social/Developmental History		
<input type="checkbox"/> Functional Behavioral Assessment		
<input type="checkbox"/> Fine/Gross Motor		
<input type="checkbox"/> Assistive Technology Assessment		
<input type="checkbox"/> Other		

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### IEP TEAM SIGNATURES AND AGREEMENT

Position	Signature	Date
Principal/Designee		
General Education Teacher		
Special Education Teacher		
Assessment Specialist		
Consultant/Coordinator		
Parent		
Other/		
Other/		

**Instructions:** Based on information provided by documentation in the Reevaluation Summary Report, the parent must check and sign statements in one of the four boxes listed below.

### Parent Signature and Procedural Agreement

1. No data/assessments are required – student continues to be eligible for Special Education services.

- ☐ I agree that no further data is needed for my child's eligibility to receive special education services.
- ☐ I am informed of the reasons that no further assessments are needed.
- ☐ I understand that the school system does not need to complete further assessments unless I request them.
- ☐ I received a written copy of my child's *Reevaluation Summary Report* and *Eligibility Report*.
- ☐ I am informed of and received a copy of the *Notice of Procedural Safeguards*, including the right to request a Comprehensive Evaluation.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

2. No data/assessments are required – student is no longer eligible for Special Education services.

- ☐ I agree that no further data is needed. I understand my child is no longer eligible to receive special education services because his or her needs can be met in the general education curriculum without special education.
- ☐ I am informed of the reasons that no further assessments are needed.
- ☐ I understand that the school system does not need to complete further assessments unless I request them.
- ☐ I received a written copy of my child's *Reevaluation Summary Report* and *Eligibility Report*.
- ☐ I am informed of and received a copy of the *Notice of Procedural Safeguards*, including the right to request a Comprehensive Evaluation.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

3. Additional data and/or assessment are needed for program planning purposes only– student continues to be eligible for Special Education services.

- ☐ I agree that additional data and/or an assessment is needed for program planning purposes only.
- ☐ I am informed of the reasons for additional data and/or assessments.
- ☐ I agree that my child continues to be eligible for special education services.
- ☐ I received a current written copy of my child's *Reevaluation Summary Report* and *Eligibility Report*.
- ☐ I am informed of and received a copy of the *Notice of Procedural Safeguards*, which includes the right to request a Comprehensive Evaluation.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

4. Additional assessment (Comprehensive Evaluation) is required to determine the student's continuing eligibility for special education services.

- ☐ I agree with the IEP Team decision a Comprehensive Assessment is needed.
- ☐ I give permission for the identified assessment to be administered.
- ☐ I am informed of and received a copy of the *Notice of Procedural Safeguards*.
- ☐ I received a current written copy of my child's *Reevaluation Summary Report*.
- ☐ I received a copy of *Prior Written Notice*.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date